

AMENDMENT TRANSMITTAL LETTER				DOCKET NUMBER: P-PM 3474		
SERIAL NO: 09/288,344	FILING DATE: April 8, 1999	EXAMINER: L. Crane	GROUP ART UNIT: 1623			
INVENTION: METHODS OF OPTIMIZING DRUG THERAPEUTIC EFFICACY FOR TREATMENT OF IMMUNE-MEDIATED GASTROINTESTINAL DISORDERS						

TO THE ASSISTANT COMMISSIONER FOR PATENTS



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on February 4, 2000.

By: *Deborah L. Cadena*
Deborah L. Cadena, Reg. No. 44,048

February 4, 2000
Date of Signature

Transmitted herewith is a Response to Office Action mailed August 4, 1999, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- A copy of a previously filed Form 1449 is enclosed as an attachment to the Response to Office Action.
- A Petition for a small entity, three-month Extension of Time is enclosed.
- A Supplemental Information Disclosure Statement, Form 1449, and copies of 15 references are enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	46	- 34	- 12	x \$9	\$18	= \$108	\$
INDEPENDENT CLAIMS	5	- 4	- 1	x \$39	\$78	= \$39	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	NO	\$130	\$260	= \$0	\$
				TOTAL ADDITIONAL FEE		\$147	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

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*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Please charge my Deposit Account No. 03-0370 the amount of \$ _____. A duplicate copy of this sheet is enclosed.

A check in the amount of \$822.00 is enclosed, \$147.00 of which covers the additional claims fee, \$240.00 of which covers the Information Disclosure Statement filing fee, and \$435.00 of which covers the fee for a small entity, three-month extension of time.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 C.F.R. 1.16.

Any patent application processing fees under 37 C.F.R. 1.17.

The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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